

A CASE OF PRIMARY NEUROTIC ATROPHY.

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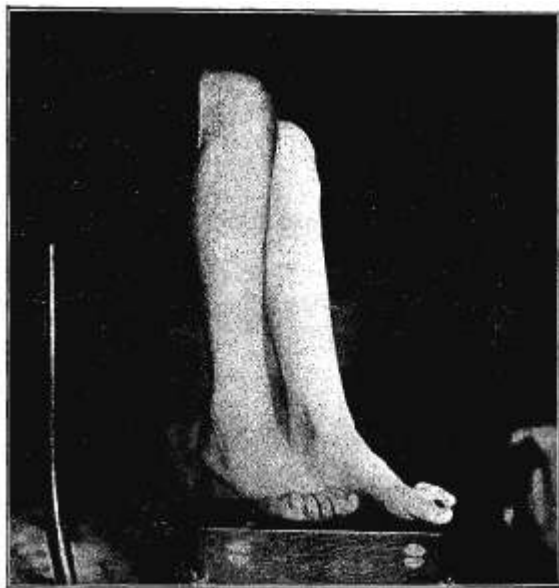
Primary neurotic atrophy is still called a rare affection, and the case before us is interesting, not only because of the typical character of the symptoms presented, but also because of the great improvement following surgical treatment, rest, massage and electricity, together with the administration of desiccated thymus gland.

S. M., male, aged 15 years. The family history is negative, save that the father suffered at one time from a profound nervous prostration. The patient himself presented no special symptoms up to eight years of age, when it was noticed that he began to drag his right foot. When ten years of age he severely sprained this foot. Subsequently and very gradually a talipes equino-varus developed, and at a somewhat later period a talipes equino-varus also developed in the left foot. The boy also noted that he could not hold things as well as other boys, that objects would tend to slip or fall from his hands. His condition, when seen by us, was as follows:

Marked talipes equino-varus of both feet, most pronounced in the right. Marked atrophy of the muscles of the right leg, especially of the peroneal group. A similar wasting, though less marked, was also noted in the left leg. The muscles of the right thigh also presented atrophy, especially the vastus internus. In the left thigh wasting was present though not decided. The patient walked with an awkward waddling gait. No atrophic changes were noted in the muscles of the trunk. The muscles of the shoulders and of the arms were fairly well developed. Those of the forearms were decidedly atrophic. This was most evident in the extensor group, and more in the right arm than in the left. It was noted that the patient allowed his hands to dangle from the wrists, the position suggesting wrist drop, although the patient was able, when requested, to fully extend the wrists. The muscles of the hands, especially of the right, were also atrophic, there

being decided wasting of the thenar eminences, flattening of the hypothenar eminences, atrophy of the interossei, and marked hollowing of the palm due, apparently, to wasting of the lumbricales. There was diminished power of extension in the hands. The grip was very weak.

Because of the great deformity, the patient was subjected to tenotomy in order to correct, as far as possible, the club foot. Before operation the case showed both



feet in the position of talipes equino-varus, with extreme shortening of the tendons of all the muscles on the posterior and external surfaces of the leg without any apparent increase in the diameter of the bellies. The plantar arch (osseous) was much increased in depth by shortening and atrophy of the muscles in this region combined with contraction of the plantar fascia. The toes were extended at the metatarsal joints, but rigidly flexed at the middle and distal joints; the intermetatarsal spaces were sunken, indicating that the interossei and lumbricales were atrophied, whereas the extensors and the flexors of the toes

were shortened sufficiently to overcome their action. The scaphoid in the right foot was displaced anteriorly and externally by the extreme shortening of the arch, and was so far removed in its articulation above and below as to make the intertarsal articulation practically useless. The most striking objective phenomenon was the peculiar waddling gait. There existed at the height of each plantar arch a point of exquisite tenderness, pressure upon which



gave rise to pain, and at the same time caused a tonic spasm of the muscles of the leg which ceased when the pressure was discontinued.

On Nov. 14, 1896, he was operated on by Dr. DeForest Willard and Dr. Leopold. The plantar fascia was first completely divided, the tendo Achillis next and, lastly, all the tendons of the toes. The adhesions being thoroughly broken, the feet were placed in a position slightly overcorrecting the deformity, and then encased in the usual immobile plaster dressing, in which they remained for three weeks.

When the dressing was removed, the feet were found in comparatively a normal position, though the toes still showed a tendency to return to the old deformity, while the arch was still somewhat high. The displaced scaphoid was, however, much less prominent, having been so far reduced as to make its articulation serviceable. There was great separation of the divided tendons—two inches in the tendo Achillis. The spots of tenderness before noted over the arch had disappeared. The gait was greatly improved, the patient using his heels with a good attempt at a forward roll of the foot. Some of the old “waddle,” however, still remained. Additional treatment consisted in the administration of iron, arsenic and strychnia, also extract of thymus gland (the latter suggested by Dr. Dermum). Daily massage, faradism, with regular exercises of various kinds under a competent instructor at a gymnasium have aided greatly in bringing about the present great improvement in the patient's condition. Shoes to fit the feet properly were made after the model taken from a cast made by Dr. Merrill Galloway, to whom we are indebted, both for casts and photographs.

Electrical examination, Jan. 14, 1897, revealed marked quantitative diminution in the muscles of the legs, but no reaction of degeneration.

Examination of the eyes revealed no symptoms worthy of record.

LATAH. A MENTAL MALADY OF THE MALAYS. W. G. Ellis. *Journal of Mental Science*, January, 1897, p. 32.

Under the term Latah, the Malays understand a peculiar nervous condition which is somewhat transitory in type and which varies so widely that rarely are two people affected in just the same manner.

Tuke's definition of the disease as a form of religious hysteria is far from the truth, in the author's view. The author describes two types: (1) In these the disorder is marked by an involuntary and generally unwilling mimicry, suggestive of forms of hypnotism, but as consciousness is not affected, this is ruled out. (2) In the second type paroxysmal, short and abrupt attacks of coprolalia, are the distinguishing features.

A few cases are given in extenso, illustrating the two types.